



Third Quarter 2023

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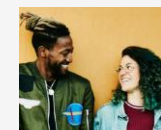



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Carelon Behavioral Health Provider Newsletter

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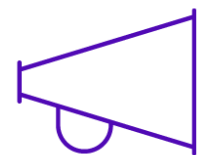
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MEET OUR NEW CHIEF NETWORK OFFICER AND HEAD OF EMPLOYER!

MANNY ARISSO

We're excited to announce that Manny Arisso has assumed the role of Chief Network Officer for Carelon Behavioral Health. In addition to the oversight and strategy of our network operations, Manny will also continue to oversee our Employer business and work to enhance our offerings & improve our customer experience.

Manny has extensive experience across Commercial, Medicaid, and Medicare businesses. He drives growth and innovation with his knowledge of integrated care, behavioral health, and pharmacy. Manny graduated with a Juris Doctorate from Florida State University College of Law. He's a licensed health risk manager and holds certifications in rate setting processes for regulated industries. With an extensive background in healthcare delivery systems, Manny has proven to be an innovative & adaptive leader. We know he will continue to succeed in his new role as Chief Network Officer for Carelon Behavioral Health by increasing and enhancing access for our members.



Manny's responsibilities include:

- » Oversight and execution of a robust network access strategy
- » Improving network performance and increasing access to high-quality, integrated care
- » Support the momentum of our Employer business and drive customer satisfaction; while building and executing on Employer-specific network access strategy

[Click here to learn more](#)



MEDICARE IS ADDING COVERAGE OF MARRIAGE AND FAMILY THERAPISTS, MENTAL HEALTH COUNSELORS AND INTENSIVE OUTPATIENT PROGRAMS

Carelon Behavioral Health is recruiting Marriage and Family Therapists (MFTs) and Mental Health Counselors (MHCs)—including addiction counselors who meet applicable requirements*—to join our Medicare Advantage network for January 1, 2024.

The Centers for Medicare and Medicaid Services (CMS) has a proposed rule to implement several provisions of the Consolidated Appropriations Act (CAA), 2023, with the intent of encouraging and expanding access to behavioral health services. The rule would provide Medicare Part B coverage and payment for the services of marriage and family therapists (MFTs) and mental health counselors (MHCs).

CMS proposes to allow addiction counselors that meet all the applicable requirements (possess a master's or doctor's degree which qualifies for licensure or certification as a mental health counselor; after obtaining such degree have performed at least 2 years (or, as proposed, 3,000 hours) of clinical supervised experience in mental health counseling; and licensed or certified as a MHC, clinical professional counselor, or professional counselor by the State in which the services are furnished) to enroll in Medicare as MHCs.

The rule would establish new HCPCS codes for psychotherapy for crisis services and proposes to allow the Health Behavior Assessment and Intervention services described by CPT codes 96156, 96158, 96159, 96164, 96165, 96167 and 96168, and any successor codes, to be billed by clinical social workers, MFTs and MHCs, in addition to clinical psychologists.

Also beginning in CY 2024, CMS proposes an update to the Outpatient Prospective Payment System (OPPS) to establish payment for Intensive Outpatient Programs (IOPs) under Medicare. IOP services may be furnished in hospital outpatient departments, community mental health centers (CMHCs), federally qualified health centers (FQHC), and rural health clinics (RHC). This rule also proposes to establish payment for intensive outpatient services provided by opioid treatment programs (OTPs) under the existing OTP benefit.

An IOP is less intensive than a PHP, and the statutory definition of IOP services reflects this difference in intensity. An IOP is prescribed by a physician for an individual determined by a physician (not less frequently than once every other month) to have a need for such services for a minimum of 9 hours per week and provided under the supervision of a physician pursuant to an individualized, written plan of treatment established and periodically reviewed by a physician. Unlike a PHP, individuals receiving IOP services would not require inpatient psychiatric care in the absence of such services.

Carelon invites you to [join our Medicare Advantage network](#) in the following states: AZ, CA, CO, FL, IL, MA, MD, NH, NV, NY, OK, OR, PA and WA.

Continued on following page

Medicare Coverage of Marriage and Family Therapists, Mental Health Counselors and Intensive Outpatient Programs *continued*

NOTE: Counselors may have different titles in different states. The specific title in a State will not prevent practitioners from being eligible for Medicare reimbursement if they meet the following **Applicable Requirements**:

MARRIAGE AND FAMILY THERAPIST —The term ‘marriage and family therapist’ means an individual who—

- “(A) possesses a master’s or doctor’s degree which qualifies for licensure or certification as a marriage and family therapist pursuant to State law of the State in which such individual furnishes the services described in paragraph (1);
- “(B) is licensed or certified as a marriage and family therapist by the State in which such individual furnishes such services;
- “(C) after obtaining such degree has performed at least 2 years of clinical supervised experience in marriage and family therapy; and
- “(D) meets such other requirements as specified by the Secretary.

MENTAL HEALTH COUNSELOR —The term ‘mental health counselor’ means an individual who—

- “(A) possesses a master’s or doctor’s degree which qualifies for licensure or certification as a mental health counselor, clinical professional counselor, or professional counselor under the State law of the State in which such individual furnishes the services described in paragraph (3);
- “(B) is licensed or certified as a mental health counselor, clinical professional counselor, or professional counselor by the State in which the services are furnished;
- “(C) after obtaining such a degree has performed at least 2 years of clinical supervised experience in mental health counseling; and “(D) meets such other requirements as specified by the Secretary.”

Visit [CMS's Medicare Enrollment site](#) for info on the fee-for-service provider enrollment process.

Sources:
Federal Register: Medicare and Medicaid Programs; CY 2023 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; Implementing Requirements for Manufacturers of Certain Single-dose Container or Single-use Package Drugs To Provide Refunds With Respect to Discarded Amounts; and COVID-19 Interim Final Rules - <https://www.federalregister.gov/documents/2022/11/18/2022-23873/medicare-and-medicaid-programs-cy-2023-payment-policies-under-the-physician-fee-schedule-and-other>

Federal Register: Medicare and Medicaid Programs; CY 2024 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; Medicare Advantage; Medicare and Medicaid Provider and Supplier Enrollment Policies; and Basic Health Program - <https://www.federalregister.gov/documents/2023/08/07/2023-14624/medicare-and-medicaid-programs-cy-2024-payment-policies-under-the-physician-fee-schedule-and-other>

Federal Register: Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; Quality Reporting Programs; Payment for Intensive Outpatient Services in Rural Health Clinics, Federally Qualified Health Centers, and Opioid Treatment Programs; Hospital Price Transparency; Changes to Community Mental Health Centers Conditions of Participation, Proposed Changes to the Inpatient Prospective Payment System Medicare Code Editor; Rural Emergency Hospital Conditions of Participation Technical Correction <https://www.federalregister.gov/documents/2023/07/31/2023-14768/medicare-program-hospital-outpatient-prospective-payment-and-ambulatory-surgical-center-payment>

H.R. 2617 – 117th Congress (2021-2022): Consolidated Appropriations Act, 2023| Congress.gov |Library of Congress - <https://www.congress.gov/bill/117th-congress/house-bill/2617>

REMINDER FOR MEDICAID MARKETS: PARTICIPATE IN CARELON'S QUARTERLY ACCESS AND AVAILABILITY SURVEYS

On a quarterly basis, Carelon Behavioral Health conducts [Access and Availability Surveys in our Medicaid markets](#).

The purpose of these surveys is to better understand the needs of our providers and identify access limitations in our network. More than that though, these surveys provide insight into the capabilities our providers have to meet the unique and diverse needs of our members and the communities in which they serve.

Access and Availability Surveys are sent out to Medicaid providers in our network via email. Please check your inbox and take a moment to give us your feedback. We appreciate your continued support and collaboration as we work to build a best-in-class network of behavioral health providers.

Questions? Email us at provider.inquiry@carelon.com



COMMUNITY HEALTH WORKER SERVICES BENEFIT

Effective July 1, 2022, Medi-Cal covers Community Health Worker services, including violence prevention services and asthma preventive services.

DHCS published APL 22-016 Community Health Workers Benefit to provide Medi-Cal managed care health plans with guidance regarding the qualifications for becoming a Community Health Worker (CHW), the definitions of eligible populations for CHW services, and descriptions of applicable conditions for the CHW benefit.

Covered CHW Services

- » Health education to promote the beneficiary's health or address barriers to physical and mental health care, including providing information or instruction on health topics. The content of health education must be consistent with established or recognized health care standards. Health education may include coaching and goal-setting to improve a beneficiary's health or ability to self-manage health conditions.
- » Health navigation to provide information, training, referrals, or support to assist beneficiaries to:
 - Access health care, understand the health care system, or engage in their own care
 - Connect to community resources necessary to promote a beneficiary's health; address health care barriers, including connecting to medical translation/interpretation or transportation services; or address health-related social needs

Note: Under health navigation, CHWs may provide the following:

- Serve as a cultural liaison or assist a licensed health care provider to create a plan of care, as part of a health care team
 - Outreach and resource coordination to encourage and facilitate the use of appropriate preventive services
 - Help a beneficiary to enroll or maintain enrollment in government or other assistance programs that are related to improving their health if such navigation services are provided pursuant to a plan of care.
- » Screening and assessment that does not require a license and that assists a beneficiary to connect to appropriate services to improve their health
 - » Individual support or advocacy that assists a beneficiary in preventing the onset or exacerbation of a health condition or preventing injury or violence

Community Health Worker Services Benefit *continued*

CHW violence prevention services include all the CHW services described above (health education, health navigation, screening and assessment, and individual support and advocacy), as these services apply specifically to violence prevention.

Services may be provided to a parent or legal guardian of a Medi-Cal beneficiary under the age of 21 for the direct benefit of the beneficiary, in accordance with a recommendation from a licensed provider. A service for the direct benefit of the beneficiary must be billed under the beneficiary's Medi-Cal ID. If the parent or legal guardian of the beneficiary is not enrolled in Medi-Cal, the beneficiary must be present during the session.

Supervision Requirements

CHWs must be supervised by a licensed provider, clinic, hospital, CBO, or LHJ. The supervising provider does not need to be the same entity as the provider who made the written recommendation for CHW services. Supervising providers do not need to be physically present at the location when CHWs provide services to beneficiaries. Management and day-to-day supervision of CHWs as employees may be delegated as determined by the supervising provider. However, the supervising provider is responsible for ensuring the provision of CHW services complies with all applicable requirements as described herein.

Below is a list of behavioral health codes that will now be covered by Carelon. Claims must be billed to Carelon with the U2 modifier. The U2 modifier denotes services rendered by a Community Health Worker.

Claims for CHW services must be submitted by the Medi-Cal enrolled supervising provider.

- » 98960 (education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient [could include caregiver/family] each 30 minutes; individual patient)
- » 98961 (education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient [could include caregiver/family] each 30 minutes; 2-4 patients)
- » 98962 (education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient [could include caregiver/family] each 30 minutes; 5-8 patients)

Please refer to the Department of Health Care Access and Information [Guidance Letter](#) for additional information on the statewide requirements for the state-issued Certificate Programs for Community Health Workers, Promotoras(es) and Representatives (CHW/P/R).

Carelon is working to ensure that all applicable benefits are updated to meet the CA Regulation. Upon receipt and validation of the completed CHW Verification Form, Carelon allows supervising providers to bill for CHW services effective 11/1/2023.

Additional questions? Please contact the Carelon National Provider Service Line at 800-397-1630, Monday through Friday, 8:30 a.m. to 5:00 p.m. EST or email the California Provider Relations team at provider.inquiry@carelon.com.



CENTRAL CALIFORNIA ALLIANCE FOR HEALTH (THE ALLIANCE)

TIMELY ACCESS SURVEY

The Alliance administers the Provider Appointment Availability Survey (PAAS) annually to assess our network’s ability to provide care within timely access standards.

Some providers will receive a survey by email. If there is no response within 5 business days, providers will receive a survey call. Please encourage reception staff to participate in survey calls. You may receive survey requests from multiple health plans.

Timely access standards monitored through the PAAS include:

Urgent Care Appointments	Wait Times
Services that do not require prior authorization (PA)	48 hours
Specialty services that require PA	96 hours
Non-Urgent Care Appointments	Wait Times
Non-Physician Mental Health Providers and Primary Care (including first prenatal and preventive visits)	10 business days
Specialist and Ancillary Appointments	15 business days
Physical Therapy or Mammography appointment for the diagnosis or treatment of injury, illness or other health condition	15 business days

Telehealth appointments demonstrate the means to provide timely access and should be included in your responses.

Find more information at www.thealliance.health/timelyaccess

Thank you for your participation! If you have questions, please contact Alliance Provider Relations at 800-700-3874, ext. 5504.

CONNECTICUT BEHAVIORAL HEALTH PARTNERSHIP UPCOMING EDUCATIONAL FORUM

Understanding and Addressing the Multiple Roots of Addiction and Recovery

Tuesday, September 26, 2023, 10:00 a.m. – 12:30p.m. EST

The Connecticut Behavioral Health Partnership (CT BHP) in conjunction with the Connecticut Hospital Association is proud to sponsor a virtual, professional forum that explores the neurological, experiential, and social underpinnings of behavioral health and substance addictions. This presentation will examine the connection between trauma, neglect, and addiction and how active addiction impacts the brain in adults, teens, and children.

Join leading experts to:

- » Learn about the Adverse Childhood Experiences (ACE) Study and the impact of both adverse childhood and community experiences.
- » Identify risk factors regarding the development of an addictive disorder.
- » Develop an awareness of how to infuse trauma informed principles into all phases of treatment.

[Click here for more information and to access the forum flyer](#)

[Click here to register for the forum](#)

[Click here to register
for the forum](#)

For additional information, please
contact Paige.Fanolis@carelon.com or
ctbhp@carelon.com

This event is available at no cost to you and offers the following credits: National Association for Social Workers (NASW) continuing education credits (CECs) and continuing medical education credits (CMEs) for physicians and nurses. This educational forum has been approved by the Department of Mental Health and Addiction Services (DMHAS) for psychologist CECs. Carelon Behavioral Health is an approved trainer for the Connecticut Certification Board (CCB).

KAISER PERMANENTE COLORADO NETWORK STATUS

You might be in network for Kaiser Permanente Colorado members and not even know it.

Carelon Behavioral Health manages mental health and substance use benefits for Kaiser Southern Colorado and Northern Colorado members. If you are contracted with Carelon as part of our HMO network, then you are in network for Kaiser SoCo and NoCo. Please note, additional requirements are in place for Kaiser Medicare Advantage members. Carelon also manages outpatient benefits for some Kaiser Denver/Boulder members on a case-by-case basis.

If a Kaiser member contacts you for services, please utilize [Carelon's provider portal](#) to determine if the member is managed by Carelon. You can also contact Carelon Member Services at 866-702-9026.

If you have any questions about your network status with Carelon or which networks you are part of, you can contact our National Provider Services Line at 800-397-1630, Monday to Friday, 8 a.m. to 8 p.m. Eastern time.

APPOINTMENT ACCESS REMINDERS

Carelon strives to provide members with accurate, current Provider Directory information. Participating providers are expected to maintain established office hours and appointment access. Carelon’s provider contract requires that the hours of operation of all network providers be convenient to the members served and not discriminatory.

The following access timeframes are based on the Colorado Department of Insurance standards and Carelon guidelines.

Participating providers are required to maintain the following access standards:

If a member has a:	They must be seen:
Life-threatening emergency	Immediately
Non-life-threatening emergency	Within 6 hours
Urgent needs	Within 24hours
Routine office visit	Within 7 calendar days
Routine follow-up office visit (non-prescriber)	Within 30 business days of initial visit
Routine follow-up office visit (prescriber)	Within 90 business days of initial visit

As a reminder, if at any time your practice is not able to meet the appointment access requirements, please update your Provider Directory information.



PENNSYLVANIA STATEWIDE TOBACCO-FREE RECOVERY INITIATIVE

The following messages are issued on behalf of the PA STFRI Advisory Board to (1) share a brief statement to reinforce the importance for tobacco-free behavioral health services and (2) generate and sustain awareness of the PA STFRI. For more information visit the PA STFRI website at: www.tobaccofreerecoverypa.com

Message: Many people in Substance Use Disorder (SUD) treatment want to stop smoking and have a good chance at doing so with the support of counseling and medication. You can stop smoking while you are in treatment or early recovery. The benefits include reducing your risk of cancer, especially those of the mouth, throat, and esophagus, improving your chance of not relapsing to alcohol or other drugs, lowering your risk of lung disease, heart disease, Alzheimer's disease, and other tobacco-related conditions.

Resource: https://www.mentalhealth.va.gov/quit-tobacco/docs/SUDandTobaccoUse_508.pdf

Message: Nicotine and Opioids: A Call for Co-treatment as the Standard of Care
The U.S. is in the midst of an opioid epidemic. At the same time, tobacco use remains the leading cause of preventable death and disability. The current brief review outlines clinical and policy implications for concurrently addressing these two deadly epidemics. Evidence suggests that clinical care and policies that facilitate co-treatment are an expedient means of delivering healthcare to individuals that result in better health for the population while also meeting [an individuals'] substance abuse disorder recovery goals.

Resource: https://www.lung.org/getmedia/917aa796-8410-4b6b-9060-c159c37c6140/morris-garver-apgar2020_article_nicotineandopioidsacallforco-t.pdf

Message: Learning tobacco-free coping skills is safe and achievable. Tobacco abstinence is associated with decreased anxiety, depression, and stress, and improvements in overall mood and quality of life.

Resource: [Taylor et al. Change in mental health after smoking cessation... BMJ 2014](#)

SAVE THE DATE

TOBACCO-FREE RECOVERY /S RECOVERY 3RD ANNUAL VIRTUAL CONFERENCE

October 25, 2023 | 12 - 4 PM

Join us for dynamic presentations and panel discussions with treatment, MCO, and recovery advocate stakeholders to advance tobacco interventions in Pennsylvania's behavioral health services.

[REGISTER HERE](#)

Keynote speaker

William Santoro, MD

Chief, Section of Addiction Medicine
Tower Health System
Immediate Past President PSAM

[Click here for conference flyer](#)



PENNSYLVANIA
Statewide Tobacco-Free
Recovery Initiative



pennsylvania
DEPARTMENT OF HEALTH

DOMESTIC VIOLENCE CRISIS & PREVENTION

Victims of domestic violence are our neighbors, our co-workers, or our family members. Most victims of domestic violence are women, although men can be battered, too. Domestic violence can occur within a family or an intimate relationship as a way for one person to control another.

There are different types of domestic violence. They can include:

- » Physical abuse — hitting, kicking, choking, shoving, not allowing someone to leave the house, or using objects like knives and guns to cause injury
- » Emotional abuse — threats, name-calling, or put-downs
- » Sexual abuse — rape or forced unwanted sex acts
- » Theft of money or other items
- » Destroying personal belongings
- » Hurting pets
- » Threatening children
- » Not allow someone to work
- » Not allowing someone see friends and family

If any of these things are happening to you, or you are afraid of your partner, you may be in an abusive relationship. Domestic violence is a crime and there are legal protections available for you. You can get help. Leaving a violent relationship isn't easy. Victims stay because of money, family pressure, concern for kids or fear of their partner.

Where to get help

- | | | |
|--|---|--|
| <ul style="list-style-type: none">» A Guide to Victim's Assistance
Learn about the resources available to victims after abuse, neglect, financial exploitation, or other crimes such as domestic violence, sexual assault, simple and aggravated assault, harassment, theft, and homicide» National Domestic Violence Hotline
1-800-799-7233 (SAFE)
1-800-787-3224 (TTY for the Deaf) | <ul style="list-style-type: none">» Pennsylvania Coalition Against Domestic Violence
1-800-932-4632 (in Pennsylvania)
1-800-537-2238 (national)

Among the services provided to domestic violence victims are: crisis intervention; counseling; accompaniment to police, medical, and court facilities; and temporary emergency shelter for victims and their dependent children. Prevention and educational programs are provided to lessen the risk of domestic violence in the community at large. | <ul style="list-style-type: none">» Pennsylvania State Police Victims Services Program» Reporting Abuse <p>Source -
https://www.dhs.pa.gov/Services/Assistance/Pages/Domestic-Violence.aspx</p> |
|--|---|--|

HOW DOES NICOTINE DEPENDENCE AFFECT YOUTH MENTAL HEALTH?

When a person is dependent on nicotine and stops using it, their body and brain have to get use to not having nicotine. This can result in temporary symptoms of withdrawal. Withdrawal symptoms can include:

- » irritability
- » restlessness
- » feeling anxious or depressed
- » trouble sleeping
- » problems concentrating
- » craving nicotine

People may keep using tobacco products to help relieve these symptoms.

Youth may turn to vaping. They may vape to try to deal with stress or anxiety. This can create a cycle of nicotine dependence. The dependence can be a source of stress.

What may start as an experiment can turn into a dependency.

The most common reason U.S. middle and high school students give for trying an e-cigarette is “a friend used them.”

The most common reason youth give for continuing to use e-cigarettes is “I am feeling anxious, stressed, or depressed.”

Youth e-cigarette and cigarette use have been associated with mental health symptoms such as depression.

For additional information about youth and tobacco use, [click here](#).

Source: [CDC.gov](#)

THE GREAT AMERICAN SMOKEOUT



The Great American Smokeout is an annual event sponsored by the American Cancer Society (ACS). It is held on the third Thursday of November – November 16, 2023. This event focuses on encouraging Americans to become tobacco free. People are challenged to stop smoking for at least one day assuming that their decision not to smoke will last longer, possibly forever. Save the date and start your Tobacco Recovery!

No matter your age or how long you’ve been smoking, tobacco recovery improves health both immediately and over the long term. Giving up smoking is a journey, and it can be hard, but you can increase your chances of success with a good plan and support. Getting help through counseling and medications doubles or even triples your chances of reaching tobacco recovery.

For more information, call The PA Free Quitline (1-800-QUIT-NOW). For additional events, tools, and resources for The American Cancer Society’s Great American Smokeout, please visit:

www.cancer.org/healthy/stay-away-from-tobacco/great-american-smokeout/resources.html

Source: American Cancer Society

PARTICIPATE IN OUR MONTHLY ACCESS, AVAILABILITY AND HEALTH EQUITY SURVEY

Each month, the Carelon of Pennsylvania team reaches out via email to request your participation in our monthly Access, Availability and Health Equity survey. Your response helps us understand the adequacy and needs of our member and provider communities. Are individuals able to access your services timely? Let us know! Have you been successful at reducing healthcare disparities? Tell us about it! Do you need assistance? We are here to support! Please reach out to your Provider Field Coordinator. <https://pa.carelon.com/contact-us/>

Our goal is to increase all forms of accessibility to behavioral health services so that our members and the individuals you serve thrive. If it's resources you need to help you improve access or improve care for minority populations, let your needs be known through your response. In the meantime, here are some resources from our Provider Manual to help you embed access, availability and health equity into your policies and procedures.

- » Regarding Access to Services <https://pa.carelon.com/providers/provider-manual/4-notification-of-change-in-access-to-services/>
- » Regarding Cultural Competence <https://pa.carelon.com/providers/provider-manual/4-cultural-competence/>
- » Regarding Limited English Proficiency <https://pa.carelon.com/providers/provider-manual/4-limited-english-proficiency/>

AMERICANS WITH DISABILITIES ACT (ADA)

A Reminder Regarding our Responsibilities to Members as they Pertain to the Americans with Disabilities Act (ADA)

As part of your provider agreement, Carelon of Pennsylvania mandates compliance with all provisions of the Americans with Disabilities Act applicable to the provision of care to HealthChoices members. Individuals with disabilities must not be excluded from participation in programs or be denied services. Providers are subject to actions for failing to cooperate with Carelon policies/procedures, and/or failing to comply with state, and federal regulations. Such actions include but are not limited to written warning, probation, suspension, or termination under the agreement. This information is available in our provider manual under section IV: "Participating Provider Responsibilities", under the "[Americans with Disabilities Act \(ADA\)](#)" section. Our online resources are a useful tool to help providers succeed in business and service delivery.



ADVANCE DIRECTIVES FREQUENTLY ASKED QUESTIONS

Q. What is a Mental Health Advance Directive?

A. A Mental Health Advanced Directive is a document that allows a person to make preferences regarding mental health treatment known in the event that the person is incapacitated by his/her mental illness. In effect, the person is giving or withholding consent to treatment in advance of when treatment is needed. This allows a person to make more informed decisions and to communicate his/her wishes more clearly. A new law was passed in Pennsylvania, effective January 28, 2005, that makes it possible for a person to make and enforce a mental health advance directive. Pennsylvania law allows for three types of mental health care advance directive: a declaration, a power of attorney, or a combination of both.

Q. What are my responsibilities as a provider?

A. You must do the following things:

- » Inquire whether or not a person has a mental health care advance directive.
- » Inform people who are being discharged from treatment about mental health care advance directives as part of discharge planning.
- » You may not choose whether to accept someone as a patient based solely on the existence or absence of a mental health care advance directive.
- » Upon notification of the existence of an advance directive, you must place a copy in the person's mental health care record.
- » You must make any revocation or amendments part of the person's mental health care record.
- » You must comply with the instructions unless the instructions are contrary to accepted clinical practice and medical standards or because medical treatment is unavailable, or if the policies of the provider preclude compliance.
- » If you are the mental health care provider that makes a determination regarding capacity to mental health care decisions, you must make that determination part of the person's mental health record.

Advance Directives Frequently Asked Questions *continued*

Q. What if I can't comply with the instructions in the mental health care advance directive?

A. As soon as the possibility of non-compliance becomes apparent, you must inform the person, agent, guardian, and/or any other legal representative. It may be possible to discuss and resolve the issue with the person or agent. If compliance is still not possible, you must make every reasonable effort to transfer the person to another mental health care provider who will comply with the instructions. While the transfer is pending, you must treat the patient in a way consistent with his/her advance directive. If all efforts to transfer fail, you may discharge the patient.

Remember that just because consent is provided in advance to a particular medication or treatment, that you will not prescribe that treatment or drug unless it is appropriate treatment at the time of the person's illness. Consent only means that consent is given to treatment if it is a suitable choice at that time within the standards of medical care. You will also have to consider if a particular treatment option is covered by the person's insurance. If, for example, the HMO does not cover a certain drug on its formulary, you may prescribe a drug that is similar, but is on the HMO formulary (unless the person has specifically withheld consent to that drug).

Q. What if compliance with the instructions could cause irreparable harm or death?

A. You may file a petition with the court seeking a determination that following the instructions may cause irreparable harm or death. The court may invalidate some or all of the provisions of the mental health advance directive and issue an appropriate order within 72 hours from the filing of the petition. Even if the court invalidates some of the provisions of the directive, the remaining provisions will remain in effect.

Q. What if there is a conflict with instructions in another power of attorney or declaration?

A. If there is a conflict, the provisions of the document latest in date of execution must be followed.

Q. How does a Mental Health Advance Directive affect commitment under the Mental health Procedures Act?

A. The voluntary and involuntary commitment provisions of the Mental Health Procedures Act are not affected by having a mental health care advance directive. What is affected is the provision of treatment after a person is committed.

*Instructions and forms for Mental Health Advanced Directives for Pennsylvanians <https://www.dhs.pa.gov/docs/For-Providers/Documents/Behavioral%20Health%20Services/Instructions%20%20Forms%20-%20English.pdf>

TRANSITIONAL CASE MANAGEMENT SUPPORTING THE PARKLAND COMMUNITY HEALTH PLAN

Background

Follow-up care after a psychiatric hospitalization can greatly improve member outcomes, reduce the likelihood of rehospitalization, and decrease the cost of members' overall care.

After members are discharged from a behavioral health inpatient setting, follow-up care is important. Connecting members with a mental health provider increases the chance of a successful transition from the hospital back into the community; the provider helps make sure members continue to follow their treatment plan and take the correct medications. A case manager also removes any barriers that may prevent members from following up with their provider.

The main goal of ambulatory follow up is to improve member care, leading to a healthier, more positive, and more cost-effective outcome for the member.

Following industry standards is essential to Carelon in making sure members receive the best-quality care, which is achieved through collecting and analyzing data. The data documents the clinical care that each plan member receives from their providers through their health plans. The data is used to report on the overall care that plan members receive.

Evidence shows that those who receive follow-up care after experiencing a psychiatric hospitalization have lower readmittance to an inpatient facility. When members receive more consistent care, their mental health outcomes improve, and they are more likely to return to less restrictive levels of care. FUH tracks the number of members who see an outpatient mental health practitioner within seven (FUH-7) to 30 days (FUH-30) of discharge.

About the Program

Starting in July 2023, Carelon licensed Care Managers implemented Transitional Care Management services (99495/99496) to meet criteria for 7/30 day follow up visits when members have discharged from inpatient stays. The Care Manager outreaches to members who have discharged and completes a telephonic outreach. The Care Manager ensures the member has a working crisis plan and confirms the follow-up appointment. The Care Manager documents the encounter which is entered into the member's electronic medical record.

How We're Helping

In the first month of implementation, the program has already impacted our rates for Follow-Up After Hospitalization for Mental Illness (FUH) by over ten percentage points for both 7-day and 30-day FUH. This means that more members are getting the help that they need to return to the path to recovery. We expect to see readmission rates decrease and more members' leading healthier lives.

COORDINATION OF CARE FOR PARKLAND COMMUNITY HEALTH PLAN

Coordination of care is vital to ensuring members receive appropriate and timely care. Carelon Behavioral Health and Parkland Community Health Plan have partnered to improve coordination between providers when members receive mental health and substance use treatment services.

Behavioral health service providers are expected to communicate at least quarterly regarding the care provided to each member with other behavioral health service providers and PCP's. Behavioral health service providers are required to refer members with known or suspected and untreated physical health problems or disorders to their PCP for examination and treatment.

Relevant communication between providers should be maintained in both providers' files for the member. You can use your own or one of the forms on Carelon's website:

<http://www.carelonbehavioralhealth.com/providers/forms-and-guides>



MEDICAID PROVIDERS MUST UPDATE THEIR PRACTICE ADDRESSES IN PEMS

Texas Medicaid & Healthcare Partnership (TMHP) requires providers to review and update their practice addresses in the Provider Enrollment and Management System (PEMS).

If the provider performs services at locations other than those listed in PEMS, the provider must take action to add those addresses to their enrollment record.

For nonperforming providers with practice locations that require an address correction, submit a **Maintenance - Practice Location – Address Change** request. For practice locations that are currently not enrolled, submit an **Existing Enrollment** request.

For performing providers with practice locations that are currently not enrolled, submit either a **Maintenance - Add/Modify Performing Provider** request or **Existing Enrollment** request.

Refer to the Maintenance tab on the [PEMS Instructional Site](#) for more information on updating provider addresses in PEMS.

For more information, call the TMHP Contact Center at 800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 800-568-2413.

ENSURE NPI(s) LISTED ARE ACTIVE AND CORRECT WITH NPPES TO AVOID DISENROLLMENT FROM TEXAS STATE MEDICAID

Texas Medicaid and Healthcare Partnership (TMHP) has identified several National Provider Identifiers (NPI) as inactive in the National Plan and Provider Enumeration System (NPPES) and will be taking immediate disenrollment action which will result in a payment denial code (PDC) 64 added on to the provider record in the Master Provider File (MPF).

The Master Provider File (MPF) is used by MCO's to determine provider eligibility with Texas State Medicaid. Not having an active and correct NPI with NPPES will result in a payment denial code on the State Master Provider File (MPF). If this occurs, claims will deny due to no longer being an actively participating Texas Medicaid Provider, which is required to provide services to Texas Medicaid members and receive payment.

To avoid this from occurring, please ensure NPI(s) listed are active and correct with NPPES to avoid disenrollment from Texas State Medicaid

Providers can also refer to the current Texas Medicaid Provider Procedures Manual, General Information, [Section 1, "Provider Enrollment and Responsibilities,"](#) for more information.

Providers may find more information on Provider Enrollment at [Provider Enrollment | TMHP](#)

